

Supplemental Application Data Sheet

Application Information

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| Application Number:: | 10/641,142 |
| Filing Date:: | August 15, 2003 |
| Application Type:: | Regular |
| Subject Matter:: | Utility |
| Suggested Classification:: | |
| Suggested Group Art Unit:: | |
| CD-ROM or CD-R?:: | No |
| Number of CD disks:: | None |
| Number of copies of CDs:: | None |
| Sequence submission?:: | No |
| Computer Readable Form (CRF)?:: | No |
| Number of copies of CRF:: | None |
| Title:: | ADJUSTABLE LANCET DEVICE AND METHOD |
| Attorney Docket Number:: | P23568 |
| Request for Early Publication?:: | No |
| Request for Non-Publication?:: | No |
| Suggested Drawing Figure:: | |
| Total Drawing Sheets:: | 0 |
| Small Entity?:: | No |
| Latin name:: | |
| Variety denomination name:: | |
| Petition included?:: | No |
| Petition Type:: | |
| Licensed US Govt. Agency:: | |
| Contract or Grant Numbers:: | |
| Secrecy Order in Parent Appl.?:: | No |

Applicant Information

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| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | USA |
| Status:: | Full Capacity |
| Given Name:: | Steven |
| Middle Name:: | |
| Family Name:: | <u>Schraga</u> Shraga |
| Name Suffix:: | |
| City of Residence:: | Surfside |
| State or Province of Residence:: | Florida |
| Country of Residence:: | USA |
| Street of mailing address:: | 9433 Byron Ave., |
| City of mailing address:: | Surfside |
| State or Province of mailing address:: | Florida |
| Country of mailing address:: | US |
| Postal or Zip Code of mailing address:: | 33154 |

Correspondence Information

| | |
|---|-------------------------------|
| Correspondence Customer Number:: | 07055 |
| Name:: | Greenblum & Bernstein, P.L.C. |
| Street of mailing address:: | 1950 Roland Clarke Place |
| City of mailing address:: | Reston |
| State or Province of mailing address:: | VA |
| Country of mailing address:: | |
| Postal or Zip Code of mailing address:: | 20191 |
| Phone number:: | (703) 716-1191 |

Fax Number::

(703) 716-1180

E-Mail address::

gbpatent@gbpatent.com

Representative Information

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|---------------------------------|-------|
| Representative Customer Number: | 07055 |
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-OR-

| Representative Designation:: | Registration Number:: | Representative Name:: |
|------------------------------|-----------------------|-----------------------|
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Domestic Priority Information

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|---------------|-------------------|----------------------|----------------------|
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Foreign Priority Information

| Country:: | Application Number:: | Filing Date:: | Priority Claimed:: |
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Assignee Information

Assignee Name:: Stat Medical Devices, Inc.

Street of mailing address:: 1841 N.E. 146th Street

City of mailing address:: North Miami

State or Province of mailing address:: Florida

Country of mailing address:: US

Postal or Zip Code of mailing address:: 33181